FORM D



UNITED STATES SECULATED AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM.D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EYEMPTION

143	363	395				
OMB APPROVAL						
OMB Nun	ber:	3235-0076				
Expires:	May 3	1.2008				
Estimated	EVEREUE	burden				
hours per						

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						
l l	i					

UNIFORM LIMITED OFFERING EXEM	FIION L
Name of Offering (check if this is an amendment end name has changed, and indicate change.)	Mail Processing
DDC FUND I Joint Venture Filing Under (Check box(es) that apply):	T ULOE Section
Type of Filing: New Filing Amendment	
	MAY 272U08
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	Mashington, DC
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	101
DDC FUND I Joint Venture	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
9304 Forest Lane, Ste. S-232, Dallas, Texas 75243	214-553-5343
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
A Texas Joint Venture to Sell and Purchase Working Interest in various oil and gas wells in	the United States
Type of Business Organization	PROCESSED
	please specify):
business trust limited partnership, to be formed	[HIN 0 2 2008.
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	THOMSON REUTERS
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20.	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for subject to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law.	Securities Administrator in each state where sales

ATTENTION -

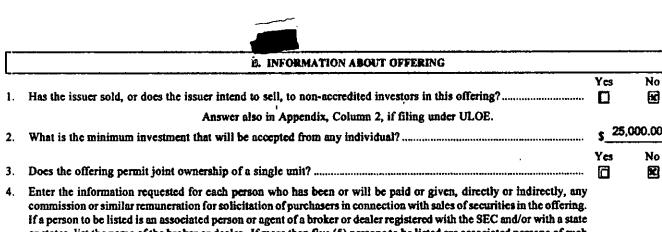
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	✓ Promoter		Beneficial Owner		Executive Officer		Director		General and/or
•	or Sign	. —			1				Managing Partne
Full Name (Last name first,	, if individual)			 -					* •
Domestic Development	Company								•
usiness or Residence Add 304 Forest Lane, Ste.	•		· • · •	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner	Ø	Executive Officer		Director	Ø	General and/or Managing Partne
Full Name (Last name first,	, if individual)								· · · · · · · · · · · · · · · · · · ·
Havens, Charles H.									
Business or Residence Add	ress (Number and	Street	, City, State, Zip Co	ode),					
GO4 Forest Lane, Ste. S									
Check Box(es) that Apply:			Beneficial Owner	ם	Executive Officer		Director .	0	General and/or Managing Partne
Full Name (Last name first,	if individual)				 				
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Business or Residence Add	ress (Number and	Street	City. State. Zin Co	ode)	· · · · · · · · · · · · · · · · · · ·		·	·	'
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Check Box(es) that Apply:	Promoter	<u></u>	Beneficial Owner		Executive Officer	П	Director		General and/or
Full Name (Last name first,	, if individual)		, .	. <u> </u>	Executive Officer				Managing Partne
		Street	, .	· —	Executive Officer		711(410)		Managing Partne
Business or Residence Add	ress (Number and	Street	, City, State, Zip Co	· —			Director		Managing Partne
Business or Residence Add	ress (Number and Promoter	Street	, City, State, Zip Co	ode)					General and/or
Business or Residence Add	ress (Number and Promoter	Street	, City, State, Zip Co	ode)					General and/or
Business or Residence Add Check Box(es) that Apply:	ress (Number and Promoter , , if individual)		City, State, Zip Co	ode)	Executive Officer				General and/or
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first,	ress (Number and Promoter , , if individual)		City, State, Zip Co	ode)	Executive Officer				General and/or
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first,	Promoter , , if individual) ress (Number and	Street	Beneficial Owner City, State, Zip Co	ode)	Executive Officer				General and/or
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply:	Promoter , if individual) ress (Number and	Street	Beneficial Owner City, State, Zip Co	ode)	Executive Officer		Director		General and/or Managing Partne
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply: Full Name (Last name first,	Promoter , if individual) ress (Number and Promoter , if individual)	I Street	Beneficial Owner City, State, Zip Co	ode)	Executive Officer		Director		General and/or Managing Partne
Full Name (Last name first, Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply:	Promoter , if individual) ress (Number and Promoter , if individual)	I Street	Beneficial Owner City, State, Zip Co	ode)	Executive Officer		Director		General and/or Managing Partne
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply: Full Name (Last name first,	Promoter (Number and Promoter (Number and Promoter if individual) ress (Number and Promoter	I Street	Beneficial Owner City, State, Zip Co	ode)	Executive Officer Executive Officer		Director		General and/or Managing Partne General and/or Managing Partne



1.	Has the	issuer sol	i, or does ti	ne issuer i	ntend to se	il, to non-a	ccredited i	nvestors in	this offeri	ing?			
				Ans	wer also in	Appendix	, Column 2	, if filing	ınder ULO	E.			
2. What is the minimum investment that will be accepted from any individual?							-	000.00					
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?	,=,	A-, 1 5 6 A 6 A 60 1 2 2 2 2 2 0 0 10	***************	, 		Yes 🗇	No ₽
4.	commis If a pers or state	sion or sim son to be lis s, list the n	tion request ilar remune ited is an ass ame of the b , you may s	ration for s sociated po roker or de	colicitation erson or ago caler. If mo	of purchasent of a broi ore than five	ers in conne ter or deale e (5) persor	ection with r registered as to be list	sales of sec i with the 9 ed are asso	curities in t IEC and/or	he offering. with a state		
Ful	l Name (Last name	first, if ind	ividual)								•	
Bus	siness or	Residence	Address (N	umber an	i Street, Ci	ity, State, 2	Lip Code)	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
Nar	me of As	sociated B	roker or De	aler ·			,						
					·		• •	·.					
Stat			Listed Has										
	(Check	"All States	or check	individual	States)			.4564659412544459		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****************	A1	States
	AL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NI TX		ME NY VI	DE MD NC VA	DC MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	vidual)						•			
Bus	siness or	Residence	Address (1	lumber an	d Street, C	ity, State,	Zip Code)		•	• .			
Nar	ne of As	sociated Bi	oker or De	aler									
Stat	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	************		*************	************	************************	»««»»»»»»»»»»»»»»»	☐ All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	DEL MI OH WY	GA MN OK WI	MS OR WY	MO PA PR
Full	l Name (Last name	first, if ind	vidual)	,					,			
B.12	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of As	sociated Bi	oker or De	aler			•		· - · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
Stat	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers		 				···
	(Check	"All States	or check	individual	States)	•	**************	*************		***************	••••••	[] All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MU OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero. " transaction is an exchange offering, check this box and indicate in the columns below the ts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt\$_ Common Preferred Convertible Securities (including warrents) Other (Specify Joint Venture Interest) _______ \$ 1,000,000.00 0.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dellar Amount Number Investors of Purchases 1-- -- t Accredited Investors..... Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. **Dollar Amount** Type of Type of Offering Security Sold Rule 505 Regulation A Rule 504 \$_0.00 Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$ 5,000.00 Printing and Engraving Costs \$ 12,000.00 Legal Fees

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Accounting Fees

Total

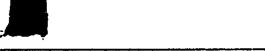
Other Expenses (identify) Syndication Cost

2,000.00

4,000.00

\$ 127,000.00

150,000.00



<u> </u>	C. OFFERING PRICE, NUMBI	ER OF INVESTORS, EXPENSES AND USE OF I	ROCEEDS	
	b. Enter the difference between the aggregate offerin and total expenses furnished in response to Part C — Q proceeds to the issuer."	nuestion 4.a. This difference is the "adjusted gross		\$850,000.00
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part (purpose is not known, furnish an estimate and	·	,
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			s
	Purchase of real estate			
	Purchase, rental or leasing and installation of mach and equipment	inery	s	
	Construction or leasing of plant buildings and facili			
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another		
	Repayment of indebtedness		 	s
	Working capital		50,000.00	s
	Other (specify): Engineering Ready for Driling Oi	l and Gas wells Packages	\$ 755,000.00	□ s
	, , , , , , , , , , , , , , , , , , , ,]\$	
	Column Totals		\$ 850,000.00	T \$ 0.00
	Total Payments Listed (column totals added)			0,000.00
_		D. FEDERAL SIGNATURE		· · · · · · · · · · · · · · · · · · ·
sig	issuer has duly caused this notice to be signed by the usature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Commis	sion, upon writter	
Issi	er (Print or Type)	Signature /1	Date	
	C FUND I Joint Venture	<i>7</i> 0111/	May 15, 2008	
Nu	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
		Joint Venture Manager - CEO of Domestic De	vetopment Comp	any

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)